

Employment Application

Lower Alloways Creek

Date:			
Name:			
Address:			
PO BOX / APARTMENT #		CITY	
State:			
Zip/Postal Code:			
Home Phone:			Other # you can be reached:

501 Locust Island Road
PO BOX 157
Hancock's Bridge, New Jersey 08038
Phone: 856-935-1549
Fax: 856-935-7666

Education

Type of School	CIRCLE HIGHEST GRADE COMPLETED / NAME OF SCHOOL	Major or Degree
GRADE SCHOOL	1 2 3 4 5 6 7 8	
HIGH SCHOOL	1 2 3 4	
COLLEGE	1 2 3 4	
MILITARY SERVICE: YES _____ NO _____	BRANCH OF SERVICE >	

ARE YOU A RESIDENT OF LAC

☐ Yes

☐ No

ARE YOU OVER 18 YEARS OLD

☐ Yes

☐ No

Positions Applied for:

☐ Full-Time ☐ part-time ☐ Full or part-time

When are you available to begin work?

Previous Employment

(if additional space is needed use a separate sheet of paper, resumes may be attached)

1. Name of Employer:			
Complete Address:			
From:		To:	
Duties			
2. Name of Employer:			
Complete Address:			
From:		To:	
Duties			
3. Name of Employer:			
Complete Address:			
From:		To:	
Duties			

list 3 references

Name, Address, Phone #	
Name, Address, Phone #	
Name, Address, Phone #	

SIGN & DATE, that the preceding statements are true and correct to the best of your knowledge

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Lower Alloways Creek Police Department
Department of Public Safety

P.O. Box 142

Hancocks Bridge, NJ 08038

Phone (856) 935-7300

Fax (856) 935-8127

AUTHORIZATION FOR RELEASE OF INFORMATION

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN
SIGN AND DATE IN INK

I authorize any investigator, or duly authorized representative of the Lower Alloways Creek Police Department conducting background checks or background investigations to obtain any information relating to my activities from individuals, neighbors, family members, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, business establishments, motor vehicle agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, motor vehicle/ driving records, and financial and credit information. I authorize the Lower Alloways Police Department to utilize the information obtained for the purpose of making a determination of suitability or eligibility for employment.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the Lower Alloways Creek Police Department regardless of any previous agreement to the contrary.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed.

PRINT NAME _____ SIGNATURE _____

DATE _____ DATE OF BIRTH _____

FULL
ADDRESS _____

SOCIAL SECURITY NUMBER _____